

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596743

FILING DATE

AFFILIATE(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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49				
50				
TOTAL IND.		↓	1	↑
TOTAL DEP.	←	13	↑	←
TOTAL CLAIMS		14	↑	

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
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99				
100				
TOTAL IND.		↓		
TOTAL DEP.	←	↑	↑	←
TOTAL CLAIMS		↑		←